10/15/2008 10:40

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MEDICAL FACILITIES OF AMERICA INC PAC 2917 PENN FOREST BOULEVARD STE 200 ADDRESS (number and street) PO BOX 29600 Check if different than previously **ROANOKE** ٧A 24018 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00405472 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **Novel Martin** Type or Print Name of Treasurer Electronically Filed by Novel Martin 10 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MEDICAL FACILITIES OF AMERICA INC PAC [®] D ^UD 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 14998.54 2008 January 1 (b) Cash on Hand at 599.25 Begining of Reporting Period 16330.99 43131.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 16930.24 58130.24 6(a) and 6(c) for Column B) 15000.00 56200.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1930.24 1930.24 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA INC PAC

0 1 3^D0 м м 0 7 2008 м м 0 9 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 38290.36 14308.88 (i) Itemized (use Schedule A) 2022.11 4841.34 (ii) Unitemized (iii) TOTAL (add 16330.99 43131.70 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 16330.99 43131.70 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 16330.99 43131.70 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 16330.99 43131.70 (subtract Line 18(c) from Line 19)

21. Operating Expenditures:

Contributions to

(from Schedule H6)

from Line 31).....

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 15000.00 56200.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 15000.00 56200.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

15000.00

56200.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	16330.99	43131.70
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	16330.99	43131.70
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERI	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Leslie Allgood Mailing Address 450 Piney Forest F	Rd State Zip Code	Date of Receipt M
Danville FEC ID number of contributing federal political committee.	VA 24540	Amount of Each Receipt this Period 50.00
Name of Employer Piney Forest Healthcare Ctr. Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	individual contribution
Full Name (Last, First, Middle Initial) Greg Ashley Mailing Address 907 East Princess	Date of Receipt 0 7 1 6 2 0 0 8	
City	State Zip Code	Transaction ID: SA11AI.4882
Norfolk FEC ID number of contributing federal political committee.	VA 23504	Amount of Each Receipt this Period 25.00
Name of Employer Norfolk Healthcare Center	Occupation Administrator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00]
Full Name (Last, First, Middle Initial) Cindy Barnette Mailing Address 2917 Penn Forest	Date of Receipt	
	09 11 2008	
City <u>Roanoke</u>	State Zip Code VA 24018	Transaction ID: SA11AI.4873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Medical Facilities of Ame- rica Receipt For:	Occupation Vice President of Clinical Services Aggregate Year-to-Date ▼	individual contribution
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	575.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one) X
or for com	nation copied from such Reports and S imercial purposes, other than using the OF COMMITTEE (In Full) CAL FACILITIES OF AMERICA	name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na Kristin	ame (Last, First, Middle Initial) Dehr g Address 2917 Penn Forest Blvd		Zip Code 24018	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC II federa	O number of contributing political committee.	C		500.00 individual contribution
<u>rica</u> Receip	of Employer al Facilities of Ame- ot For: Primary General Other (specify)	, '	of Dietary Services e Year-to-Date ▼ 500.00	
Kurt D	ame (Last, First, Middle Initial) ullnig g Address 2917 Penn Forest Bou	Date of Receipt 0 9 1 6 2 0 0 8		
City		Transaction ID: SA11AI.4900		
<u>Roan</u>	oke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00 individual contribution
<u>rica</u>	of Employer al Facilities of Ame-		ensus Development	individual contribution
	or For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1700.00	
	ame (Last, First, Middle Initial) n Fralin, Jr.	Date of Receipt		
Mailing	Address P.O. Box 20487	07 03 7 7 2008		
City		State	Zip Code	Transaction ID: SA11AI.4944
FEC II	Roanoke VA 2401 FEC ID number of contributing federal political committee.		24018	Amount of Each Receipt this Period 2000.00
<u>rica</u>	· ·			individual contribution
	or For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
SURTO	AL of Receipts This Page (optional)	ı		3000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	e name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) William Fralin, Jr. Mailing Address P.O. Box 20487 City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation EVP Aggregate Year-to-Date 3000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patsy Hobson Mailing Address 131 Lowland Drive City Martinsville FEC ID number of contributing federal political committee. Name of Employer Stanleytown Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24112 C Occupation Adminstrator Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive City Danville FEC ID number of contributing federal political committee. Name of Employer Riverside Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code VA 24540 C Occupation Administrator Aggregate Year-to-Date 300.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional) .		1350.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) X
or fo	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Loren Kessinger Mailing Address 2344 Riverside Drive City Danville FEC ID number of contributing rederal political committee. Name of Employer Riverside Healthcare Center Receipt For: Primary General Other (specify)	State VA C Occupation Administ Aggregate		Date of Receipt M M
	Full Name (Last, First, Middle Initial) Carol Kroboth Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State VA C Occupation VP of Re	Zip Code 24018	Date of Receipt M M M O D D O 2 0 0 8 Transaction ID: SA11AI.4861 Amount of Each Receipt this Period 500.00 individual contribution
	Full Name (Last, First, Middle Initial) Carol Kroboth Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State VA C Occupation VP of Re	Zip Code 24018 n eimbursement e Year-to-Date ▼ 670.00	Date of Receipt M M
SU	BTOTAL of Receipts This Page (optional))	620.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of the Detailed Summary Pa	he (crieck drilly drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 280	
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 300	Date of Receipt M M O B O C O C O C O C O C O C O C O C O C
Full Name (Last, First, Middle Initial) Tim Marshall Mailing Address 2917 Penn Forest Blvd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 23228 C Occupation VP of Finance Aggregate Year-to-Date 320	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		80.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MEDICAL FACILITIES OF AMERICA	INC PAC		
_	Full Name (Last, First, Middle Initial) Novel Martin			Date of Receipt
	Mailing Address 6129 St. Ives Court			07 16 2008
	City	State	Zip Code	Transaction ID: SA11AI.4920
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.62
	Name of Employer Medical Facilities of America	Occupatio CFO	n	individual contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1769.16]
	Full Name (Last, First, Middle Initial) Novel Martin	Date of Receipt		
	Mailing Address 6129 St. Ives Court	08 06 2008		
	City	State	Zip Code	Transaction ID: SA11AI.4921
	Roanoke VA 240 FEC ID number of contributing federal political committee.		24018	Amount of Each Receipt this Period
				192.31
	Name of Employer Medical Facilities of America	Occupatio CFO	n	individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1961.47	
	Full Name (Last, First, Middle Initial) Novel Martin	Date of Receipt		
	Mailing Address 6129 St. Ives Court	09 09 2008		
	City	State	Zip Code	Transaction ID: SA11AI.4922
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			576.93
	Name of Employer Medical Facilities of Ame- rica	Occupatio CFO		individual contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2538.40	
	SUBTOTAL of Receipts This Page (optional)	1		1153.86

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 26 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA I	name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Novel Martin Mailing Address 6129 St. Ives Court City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24018 C Occupation CFO Aggregate Year-to-Date 4038.40	Date of Receipt 0 9 2 3 2 0 0 8 Transaction ID: SA11AI.4923 Amount of Each Receipt this Period 1500.00 individual contribution
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Court Drive City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24014 C Occupation EVP of IS Aggregate Year-to-Date 2692.32	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Brenda Moore Mailing Address 4241 Kings Court Drive City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	State Zip Code VA 24014 C Occupation EVP of IS Aggregate Year-to-Date 2884.63	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		2076.93

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MEDICAL FACILITIES OF AMERICA	A INC PAC		
_	Full Name (Last, First, Middle Initial) Brenda Moore			Date of Receipt
	Mailing Address 4241 Kings Court Dri	ive		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.4859
	Roanoke	VA	24014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		576.93
	Name of Employer Medical Facilities of America	Occupation EVP of I		individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	3461.56	
_	Full Name (Last, First, Middle Initial) Brenda Moore	Date of Receipt		
	Mailing Address 4241 Kings Court Dri	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Transaction ID: SA11AI.4860		
	Roanoke VA		24014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1538.44
	Name of Employer Medical Facilities of America	Occupation EVP of I		individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial) Tom Oneto			Date of Receipt
	Mailing Address 2917 Penn Forest Bl	09 09 2008		
	City	State	Zip Code	Transaction ID: SA11AI.4942
	Roanoke	VA	24018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Medical Facilities of America Occupation VP of Physical Plant			individual contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			2190.37

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERI	and Statements may not be sold or used by any pers g the name and address of any political committee to CA INC PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Oneto Mailing Address 2917 Penn Forest City Roanoke FEC ID number of contributing federal political committee. Name of Employer Medical Facilities of America Receipt For: Primary General Other (specify)	Blvd State Zip Code VA 24018 C Occupation VP of Physical Plant Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Chad Perkey Mailing Address 602 Madison Road City Culpeper FEC ID number of contributing federal political committee. Name of Employer Culpeper Health & Rehab. Ctr. Receipt For: Primary General Other (specify)	State Zip Code VA 22701 C Occupation Administrator Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Chad Perkey Mailing Address 602 Madison Road City Culpeper FEC ID number of contributing federal political committee. Name of Employer Culpeper Health & Rehab. Ctr. Receipt For: Primary General Other (specify)	State Zip Code VA 22701 C Occupation Administrator Aggregate Year-to-Date 550.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (option	al)	175.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 26 (check only one) X
or for comr	ation copied from such Reports and St nercial purposes, other than using the OF COMMITTEE (In Full) CAL FACILITIES OF AMERICA I	name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nai Chad Pe Mailing City Culper FEC ID federal	me (Last, First, Middle Initial) erkey Address 602 Madison Road	State VA C		Date of Receipt M M
Ctr. Receipt		Administ Aggregate	e Year-to-Date ▼ 650.00	
Michael Michael	me (Last, First, Middle Initial) Perry Address 2917 Penn Forest Boul	Date of Receipt 0 7 1 6 2 0 0 8		
City		Transaction ID: SA11AI.4910		
FEC ID	Roanoke FEC ID number of contributing federal political committee.		24018	Amount of Each Receipt this Period 169.24 individual contribution
Name o Medica rica	f Employer Facilities of Ame-	Occupation VP of Op	on perations	Individual contribution
	For: rimary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 1138.48	
Full Nar Michael	me (Last, First, Middle Initial) Perry			Date of Receipt
Mailing	Address 2917 Penn Forest Boul	evard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.4911
FEC ID	Roanoke VA 24018 FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 84.62
<u>rica</u>	Name of Employer Medical Facilities of America VP of Operation VP of Operations		individual contribution	
	For: rimary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 1223.10	
SURTOT	AL of Receipts This Page (optional)	<u> </u>		353.86

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMEI	ing the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Fores	et Poulovard		Date of Receipt
City	State	Zip Code	0 9 0 9 2 0 0 8 Transaction ID: SA11AI.4912
Roanoke FEC ID number of contributing federal political committee.	C	24018	Amount of Each Receipt this Period 253.86
Name of Employer Medical Facilities of America Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation VP of Ope Aggregate		individual contribution
Full Name (Last, First, Middle Initial) Michael Perry Mailing Address 2917 Penn Fores	Date of Receipt 0 9 1 6 2 0 0 8		
City	State	Zip Code	Transaction ID: SA11Al.4913
Roanoke	VA	24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Ope	erations	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2176.96]
Full Name (Last, First, Middle Initial) Jennifer Pressman			Date of Receipt
Mailing Address 2401 Lee Highwa	08 29 2008		
City	State	Zip Code	Transaction ID: SA11AI.4892
Pulaski VA 24 FEC ID number of contributing federal political committee. Name of Employer Pulaski Healthcare Center Occupation Administrator		24301	Amount of Each Receipt this Period
			individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	onal)		1053.86

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	the name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jennifer Pressman Mailing Address 2401 Lee Highway			Date of Receipt
City Pulaski	State VA	Zip Code 24301	0 9 1 9 2 0 0 8 Transaction ID: SA11AI.4893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00 individual contribution
Name of Employer Pulaski Healthcare Center Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		
Full Name (Last, First, Middle Initial) Sean Pressman Mailing Address 1945 Roanoke Blvc	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4930
Salem FEC ID number of contributing federal political committee.	C	24153	Amount of Each Receipt this Period 150.00
Name of Employer Salem Health and Rehab	Occupation Administ	rator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Sean Pressman			Date of Receipt
Mailing Address 1945 Roanoke Blvc	i		09 29 2008
City	State	Zip Code	Transaction ID: SA11AI.4931
Salem FEC ID number of contributing federal political committee.	C	24153	Amount of Each Receipt this Period 400.00
Name of Employer Salem Health and Rehab	Occupation Administ		individual contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	al)		650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 26 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to	
MEDICAL FACILITIES OF AMERIC	CA INC PAC	
Full Name (Last, First, Middle Initial) Monique Scholes		Date of Receipt
Mailing Address PO Box 1310	Ctata 7ia Cada	07 16 2008
City <u>Louisa</u>	State Zip Code VA 23093	Transaction ID: SA11AI.4918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Louisa Healthcare Center	Occupation Adminstrator	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James Sparling		Date of Receipt
Mailing Address PO Box 319		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4889
Highland Springs FEC ID number of contributing federal political committee.	VA 23075	Amount of Each Receipt this Period 40.00
Name of Employer Henrico Healthcare Center	Occupation Administrator	individual contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Jackie Wood		Date of Receipt
Mailing Address 2917 Penn Forest B	Blvd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Roanoke	State Zip Code VA 24018	Transaction ID: SA11AI.4883
FEC ID number of contributing federal political committee.	C 24016	Amount of Each Receipt this Period
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Program Development	individual contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option)	al)	240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 26 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERIC	CA INC PAC	
Full Name (Last, First, Middle Initial) Jackie Wood		Date of Receipt
Mailing Address 2917 Penn Forest I	Blvd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4884
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Medical Facilities of Ame-	Occupation VP of Program Development	individual contribution
rica Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Jackie Wood	I	Date of Receipt
Mailing Address 2917 Penn Forest I	Blvd.	09 09 2008
City	State Zip Code	Transaction ID: SA11AI.4885
Roanoke	VA 24018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Medical Facilities of Ame- rica	Occupation VP of Program Development	individual contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) Todd Yacovone		Date of Receipt
Mailing Address 5573 Richmond Ro	pad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4935
Warsaw	VA 22572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Warsaw Healthcare Center	Occupation Administrator	individual contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
SURTOTAL of Receipts This Page (antice)	J	230.00
	al) nber only)	230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(check drily drie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw	State Zip Code VA 22572	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date 430.0	individual contribution
Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee. Name of Employer Warsaw Healthcare Center	State Zip Code VA 22572 C Occupation Administrator	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Todd Yacovone Mailing Address 5573 Richmond Road City Warsaw FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼ 510.0 State Zip Code VA 22572 C	Date of Receipt M M M O 9 O 9 2 0 0 8 Transaction ID: SA11AI.4938 Amount of Each Receipt this Period 60.00
Name of Employer Warsaw Healthcare Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 570.0	individual contribution
SUBTOTAL of Receipts This Page (optional)		180.00

Todd Yacovone

City

Warsaw

Receipt For:

Greg Yanta

Chesapeake

Receipt For:

Primary

Other (specify)

General

City

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Other (specify)

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 21 / 26 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 5573 Richmond Road 09 19 2008 State Zip Code Transaction ID: SA11AI.4939 VA 22572 Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. individual contribution Name of Employer Warsaw Healthcare Center Occupation Administrator Aggregate Year-to-Date General 650.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 688 Kingsborough Square 8 0 06 2008 State Zip Code Transaction ID: SA11AI.4950 V٨ 23320 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. individual contribution Name of Employer Chesapeake Healthcare Cen-Occupation

300.00

SUBTOTAL of Receipts This Page (optional)	•	380.00
TOTAL This Period (last page this line number only)	•	14308.88

Administrator

Aggregate Year-to-Date ▼

Suite 800 City	ILE B (FEC Form	Use separate scried	quie(s) / ala ala ala	NUMBER: PAGE 22 / 26
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) BORN FIGHTING PAC Mailing Address 607 14th Street, NW Suite 800 City State 2/p Code Washington DC 20005 Purpose of Disbursement political contribution Candidate Name BORN FIGHTING PAC Office Sought: House President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State 2/p Code Drisbursement For: Senate Primary General President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City Montgomery AL 36102 Purpose of Disbursement Dollical contribution Caredidate Name BOBBY NEAL SR BRIGHT Office Sought: X House Senate President State: District: 02 Full Name (Last, First, Middle Initial) CCLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code Min Zip Code Primary General Primary General Primary General Other (specify) ▼ Transaction ID: SB23.4952 Date of Disbursement this) DISBURSEME		Page 21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) BORN FIGHTING PAC Mailing Address 607 14th Street, NW Suite 800 City Washington DC 20005 Purpose of Disbursement political contribution Candidate Name BORN FIGHTING PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code Other (specify) ▼ Amount of Each Disbursement this No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
BORN FIGHTING PAC Mailing Address 607 14th Street, NW Suite 800 City Washington DC 20005 Purpose of Disbursement political contribution Candidate Name BRORN FIGHTING PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City Montgomery AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: House Senate President State: District: Category/ Type Transaction ID: SB23,4952 Date of Disbursement this Transaction ID: SB23,4952 Date of Disbursement of 7 M / 0 1 8 / 2 0 0 Amount of Each Disbursement this Transaction ID: SB23,4952 Date of Disbursement this Transaction ID: SB23,4952 Date of Disbursement this Type Office Sought: House Senate Primary X General President State: AL District: 02 Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Mailing Address 7300 HUDSON BLVD SUITE 270A City ST PAUL State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Amount of Each Disbursement this Transaction ID: SB23,4972 Date of Disbursement this Disbursement For: 2008 Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Milling Address 7300 HUDSON BLVD SUITE 270A Amount of Each Disbursement this Disbursement For: 2008 Milling Address 7300 HUDSON BLVD SUITE 270A Amount of Each Disbursement this Disbursement For: 2008	COMMITTEE (In Full)			
Mailing Address 607 14th Street, NW Suite 800 City State Zip Code DC 20005 Purpose of Disbursement President State: District: Full Name (Last, First, Middle Initial) BCHAC Senate BORN FIGHTING PAC City State Zip Code Disbursement For: Primary General President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS COM Mailing Address P.O.Box 2106 City State Zip Code Montgomery AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: A House Primary General Disbursement this Senate President Senate Primary General Disbursement Prosident Senate Primary General Disbursement Tor: 2008 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Amount of Each Disbursement this 2000. Office Sought: House Primary General Primary Ageneral Amount of Each Disbursement this 2000.		ial)		
City Washington		Street, NW		$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\18\end{smallmatrix}\end{bmatrix}^I&\begin{smallmatrix}Y&Y&Y&X\\2008\end{smallmatrix}$
Dilical contribution Candidate Name BORN FIGHTING PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code Montgomery AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: News Persident Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Transaction ID: SB23.4952 Date of Disbursement bisbursement bisbursement this Category/ Type Amount of Each Disbursement this Category/ Type Transaction ID: SB23.4952 Date of Disbursement this Category/ Type Amount of Each Disbursement bisbursement bisbursement For: 2008 Senate Primary X General Other (specify) ▼ Transaction ID: SB23.4972 Date of Disbursement this Category/ Type Transaction ID: SB23.4972 Date of Disbursement this SB23.4972 Date of Disbursement this Category/ Type Office Sought: Niddle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Purpose of Disbursement political contribution Candidate Name NoRM COLEMAN Office Sought: House Disbursement For: 2008 X Senate Primary X General Category/ Type Office Sought: House Primary X General Category/ Type Other (specify) ▼ Other (specify) ▼			9	Amount of Each Disbursement this Period
BORN FIGHTING PAC Office Sought:	ontribution			2500.00
Senate President State: District: Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City Montgomery AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: X House President President State: AL District: 02 Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code Amount of Each Disbursement this Disbursement For: 2008 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Purpose of Disbursement For: 2008 City State Zip Code MN 55128 Purpose of Disbursement For: 2008 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Purpose of Disbursement political contribution Candidate Name NORM COLEMAN Office Sought: House Primary General Primary General Primary General Other (specify) ▼ Category/ Type Other (specify) ▼ Amount of Each Disbursement this 2000.	IGHTING PAC	Dishuran and Fare	, ,	
Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 City State Zip Code State	Senate President	Primary Ge	neral	
Mailing Address P.O.Box 2106 City State Zip Code AL 36102 Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought: X House President President State: AL District: 02 Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City State Zip Code MN 55128 Mailing Address 7300 HUDSON BLVD SUITE 270A Transaction ID: SB23.4972 Date of Disbursement this M 9 M / D 1 D / Y 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Last, First, Middle Initial)	•		
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Purpose of Disbursement political contribution Candidate Name BOBBY NEAL SR BRIGHT Office Sought:	nery		Э	Amount of Each Disbursement this Perio
BOBBY NEAL SR BRIGHT Office Sought:	f Disbursement			1000.00
Senate President Other (specify) State: AL District: 02 Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 Mailing Address 7300 HUDSON BLVD SUITE 270A City ST PAUL Purpose of Disbursement political contribution Candidate Name NORM COLEMAN Office Sought: House X Senate Primary X General Other (specify) Transaction ID: SB23.4972 Date of Disbursement MM 55128 Amount of Each Disbursement this Category/ Type Other (specify) Other (specify) Transaction ID: SB23.4972 Date of Disbursement Other Specify Y Y Y O O Amount of Each Disbursement this Category/ Type Other (specify) Other (specify) Other (specify) Transaction ID: SB23.4972 Date of Disbursement Other Specify) Y Y Y O O Amount of Each Disbursement this Category/ Type Other (specify) Other (specify) Other (specify) Other (specify)				
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ST PAUL Purpose of Disbursement political contribution Candidate Name NORM COLEMAN Office Sought: House X Senate President President MN 55128 2000. Category/ Type Category/ Type Other (specify) ▼	dress 7300 HUDSO	SON BLVD SUITE 270A		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & N \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
political contribution Candidate Name NORM COLEMAN Office Sought: House X Senate Primary President Disbursement For: 2008 Primary X General Other (specify)			Э	Amount of Each Disbursement this Period
NORM COLEMAN Office Sought: House	ontribution			2000.00
X Senate Primary X General President Other (specify) ▼	COLEMAN		Туре	
	χ Senate	Primary X Ge	_	
State: MN District: 00		(-F), V		

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SCHEDULE B (FEC Form 3X)	11		FOR LII	NE N	IUMBE	R:		P	AGE	23 / 2	26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	' I.	(check	only o	, ´	_	_		_		
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or for commercial purposes, other than using the name	ne and address of any political	com	mittee to	solic	it contr	ribution	ns froi	n such	comr	nittee	
NAME OF COMMITTEE (In Full)											
MEDICAL FACILITIES OF AMERICA INC	PAC										
Full Name (Last, First, Middle Initial) CONGRESSIONAL MAJORITY COMMIT	TEE					action of Disk		SB23 nent	.498	31	
Mailing Address P. O. BOX 746					0 ^M 8	M /	0	1 /	Ý Ž	οδε	Y
City Bakersfield	State Zip Code CA 93302				Amou	int of E	Each [Disburs	-	-	-
Purpose of Disbursement check voided									-10	00.00)
Candidate Name CONGRESSIONAL MAJORITY COMMIT	TEE		tegory/ Type								
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)					T			ODOO	407	7.4	
ELIZABETH DOLE COMMITTEE INC					Date of	of Disk	ourser				V
Mailing Address PO BOX 2918				09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 8	3				
City RALEIGH	State Zip Code NC 27602				Amou	ınt of E	Each [Disburs	-		
Purpose of Disbursement political contribution			•						15	500.00)
Candidate Name ELIZABETH DOLE			tegory/ Type								
Office Sought: House Disburs X Senate President	ement For: 2008 Primary X General Other (specify)										
State: NC District: 00											
Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI					Date of	of Disk	ourser		.495	55	
Mailing Address PO Box 74					0 ^M 7	M /	1	8 /	Ý Ž	0 0 8	B Y
City Syracuse	State Zip Code NY 13214				Amou	ınt of E	Each [Disburs	-		
Purpose of Disbursement political contribution						-			10	00.00)
Candidate Name DANIEL B MR. MAFFEI			tegory/ Type								
Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)		21								
State: NY District: 25											
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TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 24/26
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl)	22 X 23 28a 28b	24 25 26 28c 29 30k
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NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC	PAC			
Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM CLYBURN			Date of Disburs	
Mailing Address PO Box 12567			08 / 0	01 2008
City Columbia	State Zip Code SC 29211		Amount of Each	n Disbursement this Period
Purpose of Disbursement check voided				-1000.00
Candidate Name FRIENDS OF JIM CLYBURN		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) MINNESOTA-COLEMAN VICTORY COMI	MITTEE		Date of Disburs	
Mailing Address 7315 Wisconsin Avenue Suite 705 East			08 / 2	28 7 2008
City Bethesda	State Zip Code MD 20814		Amount of Each	n Disbursement this Period
Purpose of Disbursement political contribution		· · ·		1000.00
Candidate Name		Category/ Type		
Office Sought: House Senate President State: District: 00	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH			Date of Disburs	
Mailing Address PO BOX 1940			09 / 0	15 7 2008
City ERIE	State Zip Code PA 16507		Amount of Each	n Disbursement this Period
Purpose of Disbursement political contribution				500.00
Candidate Name PHILIP S. ENGLISH		Category/ Type		
Office Sought: X House Disburse Senate President State: PA District: 03	ement For: 2008 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				500.00
TOTAL This Period (last page this line number only)				

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Phoenix AZ 85064 Purpose of Disbursement political contribution Candidate Name SENATE MAJORITY FUND Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) TEAM SUNUNU Mailing Address PO BOX 500 City State Zip Code NH 03870 Purpose of Disbursement political contribution Candidate Name JOHN E SUNUNU Office Sought: House NH 03870 Purpose of Disbursement political contribution Candidate Name JOHN E SUNUNU Office Sought: House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Office Sought: House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) UDALL FOR US ALL Mailing Address 3311 CANDELARIA NE SUITE A	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND Mailing Address P.O. Box 32025 City State Zip Code AZ 85064 Purpose of Disbursement political contribution Candidate Name Senate President State: NH District: 00 City State Zip Code AZ 85064 Primary General Other (specify) ▼ Transaction ID: SB23.4977 Date of Disbursement political contribution Category' Type Transaction ID: SB23.4977 Date of Disbursement political contribution Candidate Name Senate Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ Transaction ID: SB23.4973 Date of Disbursement political contribution Candidate Name John Sa70 Category' JOHN E SUNUNU Office Sought: House Primary General Primary General Other (specify) ▼ Amount of Each Disbursement this Perimary General Primary General Prim	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA INC PAC Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND Mailing Address P.O. Box 32025 City State Zip Code AZ 85064 Purpose of Disbursement political contribution Candidate Name Senate President State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB23.4977 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4977 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4977 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Candidate Name John E Sununu Office Sought: House X senate Primary X General Primary X General Other (specify) ▼ Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4973 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID: SB23.4961 Date of Disbursement in political contribution Category' Type Transaction ID:				
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
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\rangle	NAME OF COMMITTEE (In Full) MEDICAL FACILITIES OF AMERICA	INC PAC			
	Full Name (Last, First, Middle Initial) WICKER FOR SENATE Mailing Address PO BOX 64			Transaction ID Date of Disburs	
	City JACKSON Purpose of Disbursement	State Zip Code MS 39205		Amount of Each	n Disbursement this Period
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SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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